

**2014-2015**  
**Parent Information Handbook & Forms**



1001 Finnegan's Lane  
North Brunswick, NJ 08902  
732-297-0295

Fax-732-297-2673

e-mail-nursery@bnaitikvah.org

www.bnaitikvah.org/nursery



Phyllis G. Denenberg - Director



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|---|---|
| <b>Pre-K Class (4 year olds) (5 day)</b>          | Meets Monday through Friday 9:00 AM-12:00 PM      |
| <b>Pre-K Class (4 year olds) (3 day)</b>          | Meets Monday, Wednesday & Friday 9:00 AM-12:00 PM |
| <b>3 Year Old Class (3 year olds) (5 day)</b>     | Meets Monday through Friday 9:00 AM-12:00 PM      |
| <b>3 year Old Class (3 year olds) (3 day)</b>     | Meets Monday, Wednesday & Friday 9:00 AM-12:00 PM |
| <b>2 year Old Class (2 1/2 year olds) (5 day)</b> | Meets Monday through Friday 9:00 AM-12:00 PM      |
| <b>2 year Old Class (2 1/2 year olds) (3 day)</b> | Meets any 3 days 9:00 AM-12:00 PM                 |
| <b>2 year Old Class (2 1/2 year olds) (2 day)</b> | Meets any 2 days 9:00 AM-12:00 PM                 |
| <b>Early Morning Drop-off</b>                     | Monday through Friday from 7:30-9:00 AM           |
| <b>Lunch</b>                                      | Monday through Friday from 12:00 PM -12:45 PM     |
| <b>Enrichment Program</b>                         | Monday through Friday from 12:45-3:15 PM          |
| <b>Late Stay</b>                                  | Monday through Friday from 3:15- 6:30PM           |

### ***MISSION STATEMENT***

We at the JCC of North & South Brunswick Nursery School believe in providing a quality Jewish educational program where children can flourish as individuals and be actively involved in their own learning in a nurturing stimulating atmosphere filled with creativity, discovery and exploration. Our mission is also to assist all children and their families in strengthening their child's total development. Parents are our partners in the education of their children.

### ***PHILOSOPHY***

At the Jewish Community Center of North and South Brunswick Nursery School, we provide the children with an enriching curriculum that addresses social, emotional, and intellectual learning as well as fine and gross motor development. We also provide an atmosphere that encourages children to build a positive Jewish identity. They will acquire knowledge of Jewish customs, holidays, and traditions. Our goal is to arouse their curiosity; to stimulate a love for learning and to challenge their thinking. Creativity and self-expression are important elements in our program. We want you to feel that your child is in a safe zone-physically, emotionally and psychologically.

Learning is a developmental process, and children progress through stages of development at different rates. In the "building block" process that we advocate, various skills are learned at different ages, and new experiences are based upon past acquired skills. These goals are achieved by using a hands-on approach to learning that stress the process over the product, and by providing for individual and small group experiences.

We believe that every child is part of a family, and that each family deserves our maximum attention. We believe that a successful partnership between school and home facilitates a positive and successful school experience.

### ***GOALS***

We plan our nursery program with the following goals in mind:

- Each child will be given many opportunities for social interaction and emotional growth through a positive approach to discipline that helps to develop self-control and self-regulation.
- Each child will be provided with open-ended materials that would allow him or her to express his or her creativity and individuality.
- Each child will be given opportunities to develop self sufficiency and independence.
- Each child will feel respected and valued, safe and secure, eager and ready to come to school.

As a parent of a JCC student, we hope you will join us in fulfilling these goals through your relationship with your children and their teacher. We are confident that together we can build a strong partnership that will help your children grow and learn.

### ***PARENT ORIENTATION:***

On Tuesday, September 2nd, we will be hosting a **Parent Orientation from 7:30P.M. to 9:00P.M.** This is an opportunity for you to meet your child's teacher, bring in needed school supplies and return remaining school forms. We will be happy to answer questions you have regarding school issues.

The PAC committee will have a table available for sign-ups so please stop by.

### ***PREPARING FOR SEPARATION***

There is no easy formula to accurately predict how long it will take for a child to feel comfortable in school. A child's ability to separate successfully from his or her parents will vary greatly with each child. For some children, school adjustment happens the very first day, while for other children it is a process that can take several weeks. Both situations are perfectly normal and parents should not be overly concerned. Our teachers are experienced and capable of handling all adjustment and separation issues in a positive and nurturing manner. In the event your child continues to have a difficult adjustment, we will contact you and discuss viable solutions.

One suggestion, which parents might find helpful, is to talk to your child about what they will be doing in nursery school. Children generally feel better knowing what to expect.

Parents should communicate that school is a fun and safe place to be. Describe their classroom to them and tell them the names of their teachers. Tell the child they will meet new friends and see old friends, sing songs, play with toys and games, and have lots of fun learning about new and interesting things. In addition, to allay their fears, it is important that you tell your child that you will be returning for them at the end of the school day.

### ***"STUDENT ORIENTATION"***

To help facilitate a positive transition from home to school, we will be having a **Student Orientation on Tuesday, September, 2 2014** scheduled from 9:00A.M. – 10:00A.M. Please take advantage of this informal opportunity for your child to "meet and greet" his/her teachers and become familiar with their classroom before school starts. We feel that makes their first day easier.

### ***ARRIVAL***

On the first day of school and thereafter, please go to your assigned door (#1 or #2) where you will be greeted by your child's teacher. The teacher will then escort the children to their classroom. Your child will be warmly greeted by his/her teacher where he/she will be invited to participate in a myriad of fun-filled activities. Although we know it can be difficult, parents are requested to be ready to say their "good-byes" at the door as your child begins the first day of school.

To ensure a smooth morning transition, parents are requested to make every effort to be on time for the start of class. Arriving late deprives your child of the important beginning of class, and sometimes makes them feel uneasy.

Please notify the school by calling in the morning before 9:00AM if your child will be absent. Please let us know if the absence is due to illness.

### ***OPEN DOOR POLICY***

The JCC of North & South Brunswick has an Open Door Policy. All parents of children enrolled in our program are always welcome to visit and participate. Scheduled parent participation is encouraged. Parents are always welcome to join us for birthdays. Parent volunteers, class parents and our PAC (Parent Action Committee) make the JCC a great place. Your child's school is strengthened by parent participation.

### ***SPECIAL PARENT DAYS***

We want to provide a wonderful and happy experience for your child. During the year, the JCC will program **several** special days that your child will look forward to sharing with you. We encourage parents to attend every special function. The specific dates will be listed on your monthly calendars provided by the JCC.

- Student Orientation
- Thanksgiving Feast
- Chanukah Celebration
- Pajama Time With Dad (Evening)
- Family Art Night (Evening)
- Passover Celebration
- Mother's Day Tea
- Pre-K Graduation

### ***OTHER HOLIDAY CELEBRATIONS***

It is our policy to celebrate holidays on the Jewish calendar, patriotic holidays, and federal holidays. Despite the secularized nature of Halloween, St. Valentine's Day and St. Patrick's Day, they are neither Jewish holidays nor patriotic/ federal holidays. We ask you to respect this policy on these days. Please **do not** share treats decorated for these holidays, bring in greetings for these holidays or wear clothing depicting symbols of these holidays.

### ***DISMISSAL***

To ensure the safety of all children, **all parents or caregivers must park their vehicles in the parking lot and wait at the designated pick-up locations for children.** Teachers dismiss one child at a time **only** to authorized individuals. According to our policies and procedures, **no** child will be released to unauthorized individuals without prior written authorization from a parent. If a parent expects to be late in picking up their child, the Director must be contacted in a timely fashion.

**If a parent or designated individual is more than 15 minutes late, at \$10 fee may be imposed** and the Director will contact individuals who have been authorized to pick up the child. We appreciate you making every effort to be on time for dismissal.

All carpool arrangements must be put in writing. If your child is to be picked up by someone not listed on the carpool form, please send in a written note granting authorization which includes a detailed description of the person picking up your child.

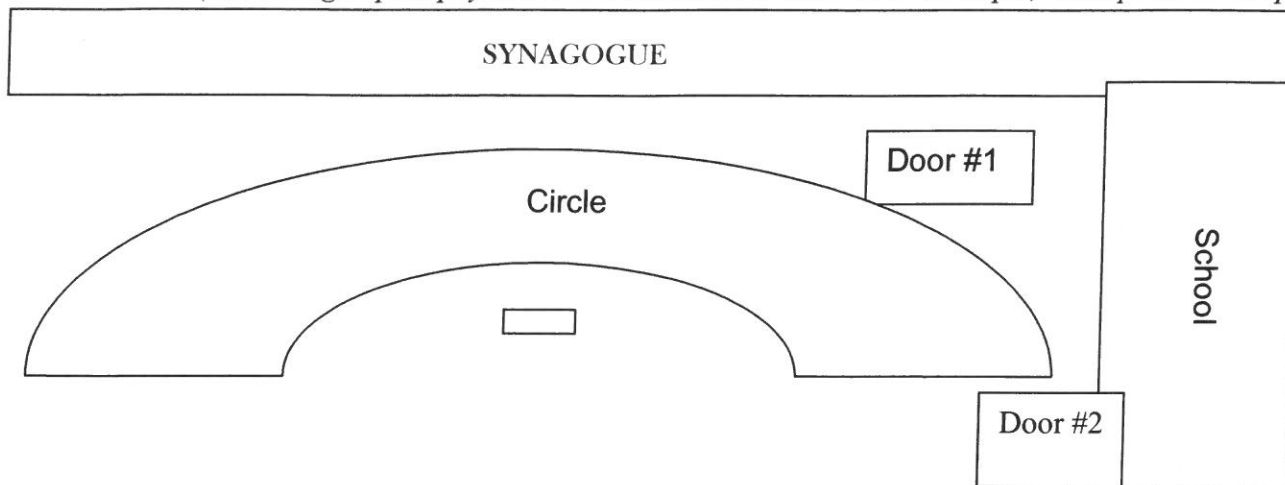
Parking lots are a source of danger for young children. Please enter and leave the parking lot with extreme caution. Be on the lookout for any wandering children. Always hold your child's hand when going to and coming from an automobile. No child will be permitted to walk into the parking lot unless accompanied by an adult. Please do not allow children to play with the decorative stones in the landscaping around the building. Please do not stand in the parking lot conversing with other adults unless your child is safely seated in your car.

## NURSERY SCHOOL PARKING PROCEDURES: DROP-OFF/PICK-UP LOCATIONS

To insure the safety of our children and to maintain efficient and organized drop-off and pick-up of our children, please adhere to the following:

**PLEASE BE ON TIME!**

(School begins promptly at 9:00AM & school dismissal is at: 12:00 pm, 12:45 pm and 3:15 pm)



**ABSOLUTELY NO PARKING IN THE CIRCLE. WE MUST LEAVE SPACE FOR EMERGENCY VEHICLES. IT MAKES IT DIFFICULT FOR BUSES AND EMERGENCY VEHICLES TO ENTER. PARENTS MUST PARK IN THE LOT AND BRING THEIR CHILD TO THE DESIGNATED DOOR.**

### PRE-K INSTRUCTIONS:

**All Pre-K classes will enter/exit from door #2.**

This includes: Morning drop-off at 9:00 AM

Dismissal from class at 12:00 PM

Dismissal from Lunch program at 12:45 PM from Door #1

All Pre-K students who stay for Enrichment Classes will be dismissed at 3:15PM **from Door #1.**

Door #2 will be locked at approximately 9:10 AM. If you are late and arrive at school when Door #2 is locked, please proceed to Door #1 (the main nursery school entrance) and escort your child to the classroom.

### THREE YEAR OLD INSTRUCTIONS:

All three-year-old classes will enter *door #1* at 9:00 AM.

All three-year-old classes will exit *door #1* at 12:00 PM.

All three-year-old children who stay for lunch program and leave at 12:45 PM will be dismissed from *door #1*.

All three-year-old children who stay for enrichment class and leave at 3:15 PM will be dismissed from *door #1*.

### TWO AND A HALF YEAR OLD INSTRUCTIONS:

All two and a half-year-old classes will enter from *door #1* at 9:00 AM.

All two and a half-year-old classes will exit from *door #1* at 12:00 PM.

All two and a half-year-old children who stay for Rhymes & Rainbows enrichment program will be dismissed from *door #1* at 1:00 PM.

**PLEASE NOTE: CHILDREN WHO ARRIVE FOR EARLY MORNING DROP-OFF MUST BE ESCORTED INTO THE SCHOOL WING THROUGH DOOR #1 TO CLASSROOM #7 BY A PARENT. CHILDREN WHO STAY FOR THE LATE-STAY MUST BE PICKED UP BY PARENT FROM CLASSROOM #7. PLEASE REMEMBER TO CALL 732-297-0295 EXT. 24 IF YOU WILL BE LATE PICKING UP YOUR CHILD.**

## **CLOTHING**

It is recommended that you send your child to school in comfortable play clothing. Child-friendly clothing such as sneakers, pull-on pants and pullover shirts are preferred. Your child's name should be conspicuously placed on every removable item he/she wears or brings to school. This includes jackets, hats, mittens, boots, etc. You can label everything with a permanent marker. If an item of your child's clothing is misplaced and does not have their name inside, please check our Lost & Found located near the main nursery entrance.

Every child should have a complete extra change of seasonally appropriate clothing stored in our school (including socks). If your child wears diapers, a minimum of three diapers, plus a box of wipes, must be stored in class at all times. Teachers will notify parents when additional supplies or change of clothing is needed.

We are not responsible for jewelry worn or any valuable item brought to school by the children. It is best to keep those items at home. For safety reasons, earrings should be close to the ear or very small hoops.

## **TOYS**

Please **DO NOT** allow your child to bring toys to school as they are easily lost or broken. Show & Tell day may be designated by your child's teacher. In keeping with the Jewish ethics of peace and "Gemilut Hasidim" (loving kindness) we do not allow toy guns, weapons and action figures to be brought to the JCC.

## **OTHER ITEMS NEEDED FOR SCHOOL**

**School Items** – your child will need a regular (not too small) sized backpack each day of class so that notices, newsletters, art projects, etc. may be sent home in an efficient manner. Please write your child's name on the front of the backpack. Please send in a box of tissues for your child as well as a box of wipes, both labeled with the child's name.

**If your child will be staying for lunch**, he/she will need a lunch box with their full name on the front of it. Our staff will help your child with opening containers, juice boxes, etc., that will help them develop fine motor skills and gain independence.

**If your child is staying for enrichment classes**, he/she will need a small blanket and small towel, which will be stored in his/her own cubby. Periodically, these items will be sent home to be washed for health and cleanliness purposes.

## **EARLY MORNING DROP-OFF**

This program runs Monday through Friday from 7:30-9:00 am. Supervision will be provided by a staff member, who will escort each child to his/her classroom at 9:00 am.

## **LUNCH PROGRAM**

**This program runs Monday through Friday from 12:00-12:45 pm.**

Our lunch program extends the morning program and gives the children an opportunity to eat lunch and socialize with their friends. An optional lunch of macaroni and cheese is offered on Monday; fish sticks and tater tots are offered on Tuesdays; pizza is offered on Wednesdays; bagels, either plain, with butter or cream cheese are offered on Thursdays; and pizza is offered on Fridays. Please send in a drink and dessert on those days. Please see your parent packet which includes the form to fill out if you would like your child to participate in the lunch programs. The lunch and challah form is combined on one sheet in your packet.

**Please be advised that when your child brings a lunch, only a dairy or vegetarian lunch is permitted. There is no meat, kosher or otherwise, allowed on the premises.** Sample lunches include peanut butter & jelly, cheese sandwich, egg salad, tuna fish, yogurt, bagels, fruit and vegetables with crackers, pasta, etc. If your child will be staying for lunch, he/she will need a lunch box with their full name on the front of it.

## **SNACKS**

Our school provides healthy and nutritious snacks for our children in the morning and during enrichment classes. Some of the snacks the children will receive are crackers, cheese, pretzels, fruit, vegetables, challah on Fridays and more. Often the children make, bake, and eat their own delicious snacks. None of our snacks and none of our baking/cooking ingredients contain peanuts or "tree nuts".

**Please note that it is very important to advise us of any food allergies or dietary restrictions your child may have.**

### ***ENRICHMENT PROGRAM***

***This program runs Monday through Friday from 12:45-3:15 pm.***

Our children's creative enrichment programs are optional and provide a variety of enriching activities, arts and crafts projects, stories, indoor and outdoor play, rest time, and include a healthy snack. Our enrichment classes will stimulate your child intellectually, enhance their socialization skills and will generate many fun-filled learning activities. If your child is staying for enrichment classes, he/she will need a small blanket and small towel, which will be stored in his/her own cubby.

Once your child is registered for lunch and/or enrichment classes, you will not be permitted to drop a lunch or enrichment class unless: 1. it is within 30 days of your child beginning the lunch or enrichment, or 2. the Director has approved the drop after special circumstances have been demonstrated. In the case of a drop due to special circumstances, you are responsible for payment for the lunch or enrichment through the end of the month.

### ***LATE STAY PROGRAM***

***This program runs Monday through Friday from 3:15-6:30 pm. During the winter months, November thru the beginning of March, Friday Late Stay extends only to approximately 4:00 PM due to Shabbat starting early. A detailed closing schedule will be distributed in the fall as soon as it is available.*** This program lengthens the school day even further. Less structured than our extended day programs, this time period will include free play, games, outdoor activities, stories, and a rest period for those who need it. There is an additional charge for this program, and this service will be billed with monthly tuition. Parents are required to come to the classroom to pick up their child.

**If you need to contact the late stay teacher after 4:00 pm,  
please call 732-297-0295 Ext. 24.**

**Please note that under certain circumstances, special arrangements can be made in advance for a child to be able to attend lunch, an enrichment class, early drop-off or late-stay. Prior approval must be given by the nursery school Director and you will be billed with your tuition the following month. There is a "one time only" form available in the office.**

### ***SCHOOL CLOSING PROCEDURES (SNOW AND ICE CONDITIONS)***

**Like most schools, our school will not operate on days when there are hazardous snow and ice conditions. We will close our school when we feel road conditions are unsafe. All information about school closings can be heard on WCTC 1450 AM or found at WCTCAM.com. Please listen to this radio station for the most current information regarding inclement weather conditions. Information about school closing may also be found on our website: <http://www.bnaitikvah.org/nursery>**

Please note that when North Brunswick schools are closed, we will be closed. In the event that the public schools have a delayed opening, the JCC of North & South Brunswick Nursery School might be closed for the day (depending on the severity of the weather) or will open at the normal time. **We will not have "delayed openings" at our school.** In the event of a school closing, parents will also be notified by telephone (between 7:00am and 8:00 am) by classroom parents or their teacher.

If we have an early dismissal, we will contact you to pick up your child as soon as possible. When the school is already in session and we must have early dismissal, we will always attempt to contact parent/parents at the home telephone number first. We will then call parent/parents at their cell phone numbers. We will then try work numbers, and alternate telephone numbers until we reach a person who can pick your child up from school.

Please be assured that the Director or a staff member will always remain at the nursery school until the last child is picked up.

**Designated New Jersey "State of Emergency" days will not be credited, refunded or made up.**

### ***COMMUNICATION***

We will make every effort to communicate with parents (forms, flyers, notes, etc.) through email instead of communications sent in paper form. Messages will be sent in this manner as soon as a distribution list for your child's class is created. Please check your inbox frequently for messages from [nursery@bnaitikvah.org](mailto:nursery@bnaitikvah.org). If your email address changes during the course of the year, please give our office the new address.

Our email system/list is for school usage only. It is our school policy to not promote anyone's personal business. If it is done as a fundraiser for our school, it will be taken under consideration.

Parents are requested to inform the school of any unusual events in the home (new baby, ill family members, parent or parents away, etc.) so that teachers can better understand the behavior of their students.

### ***CONFIDENTIALITY/PRIVACY POLICY***

All staff members are expected to follow school and synagogue policy that supports complete confidentiality for parents and children. This means, for example, that we do not disclose other children's names when an incident occurs. Our confidentiality policy also means not discussing children and/or families in the presence of other persons or to each other in public areas. Teachers must never discuss a child with people other than the child's parents or other staff members who work with the child. No initial contact should be made with parents regarding a discipline problem without prior consultation with the Director.

### ***PARENT TEACHER CONFERENCES***

Parent/teacher conferences are scheduled during the school year to discuss your child's progress. Dates of conferences are shown on the school calendar. Parents may always request additional time to speak with their child's teacher when necessary. All children will have regularly scheduled classes during parent-teacher conferences.

During conferences, you or your child's teacher may feel that your child is not developmentally on target with his age group. We encourage you to openly discuss and to pursue these matters seriously. We will give you information about resources that may be available and will help you draft a letter to the proper services.

### ***TOILET TRAINING POLICY***

While toilet training is not the responsibility of the staff, we will cooperate with the efforts of the parents in achieving this goal. Diapers will be changed if it is apparent to staff that the child is wet or has had a bowel movement. We will notify you if your supply of diapers and/or wipes is running low.

### ***ATTENDANCE POLICY***

Our school strives to provide a healthy environment for the children and staff. Please notify the school by calling in the morning before 9:00AM if your child will be absent. Please let us know if the absence is due to illness. If your child is sick, they must be temperature-free and show no signs of illness for **24 hours** before returning to school. Please do not send your child to school if you think he/she is sick even if there is a special occasion that he/she does not want to miss. Your child will probably not enjoy him/herself and may possibly infect other children. Please assure your child that there will be plenty of other special occasions to experience when he/she feels better.

If a child is sick or absent on a day that he/she usually attends school, there will be no exchange of days.

No credit for sickness will be given for the first three weeks of continuous absence due to illness. Credit will be given beginning with the fourth week only with a note from your physician. Those students on vacation up to 4 weeks will be charged full tuition (100%). As a courtesy, you will be charged 60% tuition beginning with the 5<sup>th</sup> week.



**HEALTH POLICY**

If a child exhibits any of the following symptoms, he/she should not attend school. If such symptoms occur at school, the child will be removed from the classroom and you will be called to take your child home.

|                               |                              |                                |
|-------------------------------|------------------------------|--------------------------------|
| Severe pain or discomfort     | Green or yellow runny nose   | Acute diarrhea                 |
| Episodes of acute vomiting    | Fever above 99 degrees       | Sore throat or severe coughing |
| Yellow eyes or jaundice skin  | Conjunctivitis               | Infected skin patches          |
| Skin rashes (24 hrs. or more) | Difficult or rapid breathing | Swollen joints                 |
| Stiff neck                    | Blood in urine               | Evidence of lice               |

Once the child is symptom free, or has a physician's note stating that he/she no longer poses a serious health risk to themselves or others, the child may return to school.

If a child contracts any of the following diseases, please report it to us immediately. The child may not return to school without a doctor's note stating that the child presents no risk to him/herself or others.

Table of excludable communicable diseases

**Respiratory Illnesses**

- Chicken Pox
- German Measles\*
- Hemophilus influenzae\*
- Measles\*
- Meningococcus\*
- Mumps\*
- Strep throat\*
- Tuberculosis\*
- Whooping Cough

**Gastro-intestinal Illnesses**

- Guardia Lamblia\*
- Hepatitis A\*
- Salmonella\*
- Shigella\*

**Contact Illnesses**

- Impetigo
- Lice
- Scabies

\* Reportable diseases, as specified in N.J.A.C. 10: 122-7, 10 (a)

If your child is exposed to any reportable disease at school, you will be notified in writing and by email.

Please note that a Doctor's note is required before the child can return to class when he/she had certain communicable diseases. It is your responsibility to inform the school if your child has any of the mentioned communicable diseases.

It is our policy not to administer any medication to children in school. However, should medication be required during school hours, we must have in writing from you and your doctor, the EXACT dosage required to be administered along with times to be given and in the original container. If we are not in receipt of this permission form, you will be required to come to school to administer medication. This form can be found in your parent packet and additional ones can be found in the nursery school office.

We are proud to announce our association with Brunswick Urgent Care, PA. located at 3110 Route 27, Suite 4, Kendall Park, NJ 08824, 732-422-4889. Their trained doctors will be available to us for any questions or emergency care.

Should your child become ill or an accident occur, we will notify you immediately. If we are unable to reach you, we will contact persons listed on your Emergency Medical Form.

Please alert us in writing of any allergies your child may have to food, insect or bug bites, etc. This information should be included on your child's health form and application.

**You are reminded that the medical and immunization forms must be completed by your physician and returned to the nursery school before school starts.**

**If your child must be picked up early due to illness or any other reason, please stop by the office first to sign your child out in our sign-out log book.**

### ***DISCIPLINE POLICY***

The staff at the JCC takes a positive approach to discipline. Children will be recognized for the positive behaviors that they exhibit, instead of only focusing on the negatives. The nursery school program will focus on the strengths of each child as a unique individual and will recognize that each child has different needs and personalities. A goal of the program will also be to help the children to develop self-control and learn alternate ways to resolve conflicts. This goal will be achieved by the teachers modeling appropriate behaviors and providing conflict-resolving words that young children may not yet have.

We give lots of positive reinforcement and praise. We encourage children to express themselves verbally. In the event that action is necessary, the child will be redirected to another activity or a different area of the classroom. Teachers will also use preventive measures to stop a potential conflict before it starts by intervening and providing assistance to those children involved.

The staff will avoid using a "time-out" as a punishment or isolation period away from the other children. A child may need a "cool down" period if she has been especially aggressive. This is not intended to be punitive; it provides a quiet outlet for the child to regain self-control. Any staff person using physical punishment, abusive language, or relating negative discipline to toileting, food, or rest will be promptly dismissed and reported to DCF. Staff will receive professional development and training to expand their knowledge and effectiveness in this area.

If a child is removed from the classroom in order to protect the child, teacher, or other children, it is done to help the child break a pattern of inappropriate behavior and give him time to "regroup". Teachers will inform parents about the child's behavior and any resulting actions or steps taken.

### ***STUDENT DEVELOPMENT POLICY***

We at the JCC understand that children develop at different rates and demonstrate individual areas of strength. As is important to you as parents, our staff wants to ensure that your child is able to fully and safely participate in and benefit from daily activities at the JCC. Adopting the philosophy, "kids do well if they can, not kids do well if they want to," (Ross Greene, Ph.D), we want to be sure to address early any developmental challenges and/or maladaptive behaviors that may be causing distress for your child and keeping him/her from participating effectively and safely in the classroom environment.

If your child is in another school concurrently with ours or has been in a program prior to coming to our school and has an IEP, we reserve the right to request such information for our review.

Please note that teachers maintain anecdotal records for all students in the classroom. If our staff members have concerns, JCC will use the following team approach.

Discuss developmental policy with the parents

Monitor areas of development

Regard the frequency, intensity, and duration of developmental challenges (this includes, social, emotional, physical and intellectual.)

Follow-up weekly with parents in team discussions

This will help to guide our work together as we identify specific strategies, modifications, and support that may be implemented in the classroom as well as any other community resources and/or support that may be necessary to help provide appropriate interventions for your child. This will help us to ensure a safe, effective, and positive classroom experience for all.

If the above efforts are not effective and the child continues to demonstrate disruptive classroom behaviors, the JCC will work with the parents to further explore possible solutions, using the below protocol.

Specific behaviors or concerns will be written in anecdotal form by classroom staff.

Parent conference will be requested by the teacher and the Director.

Teacher will continue to apply developmentally appropriate behavior management techniques to modify behavior within the classroom to an acceptable level and will communicate with the Director and parents of the child's progress on a weekly basis.

During the entire process, if the child is unable to function in the classroom environment without one-to-one assistance, the parents will be notified. The JCC is not able to provide extended one-to-one assistance to any child on an on-going basis. If the teacher and the Director agree that keeping the child in the classroom is in the best interest of the child, an additional person, approved by JCC and the parents, shall be provided at the parents' expense to assist their child. Specifics will be discussed with the Director and agreed upon in writing.

To better meet the developmental and learning needs of the child, the directory may request that a professional assessment be completed by an independent source within a four week time period. The Director will provide the parents with a list of possible consultants.

The consultant of the parents' choice will provide the JCC with a written assessment, report, and/or treatment plan for the child within one month of the initial request by the Director. To ensure a more comprehensive evaluation, it is recommended that the consultant observe the child in the classroom setting, as well as, discuss teacher observations.

The consultant will meet with the teachers and administrative staff to discuss written assessment and recommendations. It is recommended that in order to provide coordinated, comprehensive care, the JCC will continue to monitor and record child's progress and collaborate with outside specialists and consultants.

The JCC will make every possible effort to work with the child, the family, and appropriate professionals. If the Director deems that the child is still not showing progress, the JCC may not be the most appropriate place for the child. The Director may then request that the parents remove their child from the program.

### ***BITING POLICY AND PROCEDURES***

Unfortunately, we recognize that biting is something that may occur when young children are in a large group setting. We always encourage children to express themselves by "using their words," but at a young age, verbal skills are still developing. Biting sometimes occurs when children are frustrated and unable to verbally express themselves. We are always upset when children are bitten while in our care. We also understand how upsetting this is for parents. When biting occurs, our skilled staff will do the following:

- Provide care and TLC to the child who has been bitten.
- Work with the child who bit to help provide this care to the bitten child.
- Work with the child who bit to stop biting and teach them a new behavior.

Parents will be informed when any biting incident occurs. Only when the skin is broken after a bite, will the parent of the bitten child be contacted and we will then make sure that said child is up to date on their Tetanus shot. Biting is documented on our standard incident form and a copy is sent home with the child bitten after it is signed by the teacher, Director and parent. The name of the child who bit will not be shown on the form.

Teachers work very hard to maintain a safe and healthy environment at the JCC. The staff will work with the child who bit to learn a new appropriate behavior. When episodes of biting are ongoing, the Director, Teacher and Parents of the child who bites will develop a plan with specific strategies, techniques and timelines to address the behavior.

**Please remember to sign the State required Expulsion Policy located in your Registration Booklet.** Extra copies will be available in the office.

### ***SCHOOL SECURITY***

Our school has a security system in place. All families with registered children will be given a security code which will enable you to enter the nursery school wing of our building during school hours.

### ***FIRE DRILL***

All nursery school children will participate in school fire drills. These are conducted approximately once a month. All students and staff must evacuate the school building as rapidly as possible. These drills are very important because in the event of a real emergency the children will be prepared. In inclement weather, fire drills will be rescheduled.

We will also be practicing emergency lockdown procedures in the event of an urgent situation. Rest assured these procedures will be handled in a sensitive manner so as to not frighten the children. If there is a need for us to evacuate the building, we will notify you where to pick up your child.

### ***OUTDOOR PLAY***

Daily outdoor activity is very important for young children and is planned whenever possible. Weather permitting, the children will play outdoors each day. Parents can help their children enjoy this time outdoors by making sure they are dressed for the prevailing weather conditions. Again, please make sure all outerwear including hats, mittens and boots is labeled with your child's name.

### ***NOTES, PAYMENTS***

All school forms, payments, trip permission slips, etc. are to be handled by the nursery school office. Please place all forms, checks, and money in a closed envelope with your child's name, class, and purpose on the outside (Example: Jane Gold, 3 year old Trip money) and hand deliver to the school office or place in your child's backpack. Throughout the year all checks should be made payable to the JCC of North & South Brunswick Nursery School, unless otherwise indicated.

### ***TUITION AND DELINQUENT PAYMENTS***

Nursery school tuition is based on a nine-and-a-half month school year. For your convenience, our tuition is broken down into ten (10) manageable monthly payments. Nursery school families will receive monthly billing statements. These statements will be placed in your child's backpack at the end of each month. ***Please note: All tuition payments are due on the first of every month. Checks are to be made out to the JCC of North and South Brunswick Nursery School.*** When tuition payments are not received by the fifteenth of each month they are considered delinquent. A late fee of 10.00 will be automatically imposed when this occurs. If there are special circumstances, the Director must be notified to ensure a child's continuation in our program. If a check is returned for insufficient funds, there will be a \$25.00 fee. If you have any questions regarding your bill, please contact Lynne WeissMarshall at [admin@bnaitikvah.org](mailto:admin@bnaitikvah.org).

### ***REFUND POLICY***

A June tuition refund will be given only under the following conditions: Firstly, a parent must notify the Director in writing or in an email at least 30 days in advance. The Director's approval is needed. Secondly, a refund will be given only if we are able to replace that vacated spot with another child.

### ***PERSONAL ITEMS***

The JCC is not responsible for storage of personal items and supplies for more than 10 days after withdrawal from the school. Such items will then become the property of the JCC of North & South Brunswick without further notice.

### ***CLASS PARENTS***

Two (2) volunteers will be needed from each class. The class parents will be asked to make telephone calls to classmates when school is closed. Class parents may go on trips with the class (after the appropriate trip fees are paid) or choose another parent to take his/her place on the trip. Periodically, class parents will call other parents and ask you for feedback regarding the school. They will inform other parents about PAC meetings and workshops. The class parents will help mentor new families.

### ***TRIPS***

During the school year trips are scheduled to enhance our units of study. We utilize school buses from the C-Way Bus Service Co. Inc. All trip fees are included in your monthly tuition. We will send home permission slips prior to each trip.

**FUNDRAISING**

To a void charging parents additional fees throughout the year, Our Parent Action Committee sponsors several fundraisers to enable our school to provide state of the art programs, entertainment, gifts and opportunities for our children. It enables us to purchase specialty items for our school that enhance the educational experience of our children. The support and participation of our nursery school families is appreciated! Some of the previous special events included a petting zoo, pony rides, hatchlings and making Matzah for Passover. We have also purchased new playground equipment (Including a safety surface & benches)

**CHALLAH DELIVERY SERVICE**

For your convenience, we provide a challah delivery service at our nursery school every Friday (except when school is closed). You may receive whole or sliced challah. The challah will be placed each Friday in your child’s backpack. The challah delivery service is also a small fundraiser for our school and saves you a trip to the bakery! You will find the order form in your parent packet if you would like to participate. The lunch program and challah form is combined on one sheet in your packet.

**BIRTHDAY CELEBRATIONS**

Since each child's birthday is a special occasion in his/her life, we like to celebrate this event with a party at school. All baked goods must be from an authorized kosher bakery or have a kosher symbol on the box. Accepted symbols include:



**NEIGHBORHOOD APPROVED KOSHER PRODUCTS**

Dunkin Donuts                      Entenmann’s Products  
65 Raritan Avenue  
Highland Park, NJ  
*(ONLY THIS LOCATION IS ACCEPTABLE)*

Mordy’s Bake Shoppe              Carvel Ice-Cream  
15 North Fourth Avenue          223 Raritan Avenue  
Highland Park, NJ                  Highland Park, NJ 08904

Acme Supermarket  
Ryders Lane  
East Brunswick, NJ

**Please make arrangements with your child’s teacher in advance. Teacher will also advise on appropriate types of party snacks. With regard to invitations to birthday parties given out at school, please note that birthday invitations may not be given out at school unless the entire class is invited.**

**DONATIONS**

As a non-profit organization, the JCC always appreciates donations, which are tax deductible. As your child develops mentally and physically, please consider whether outgrown books or toys in good condition may be appropriate for use at the JCC. Monetary donations may also be made to the JCC Special Toy Fund in honor of special occasions such as birthdays, an older sibling’s Bar or Bat Mitzvah, or in memory of special people. All donations must go through the administrative office, so the JCC can properly acknowledge the gifts.

**TZEDAKAH**

The word “tzedakah” means charity. At our school, tzedakah is collected on Fridays in each class. Children may bring any denomination of coins or bills to be placed in a classroom tzedakah box. The money collected by the children is then donated to various charitable organizations or families in need throughout the year.

If you have any questions or concerns about anything in this handbook, please do not hesitate to contact the director, Phyllis Denenberg, at 732-297-0295 ext. 22 or at [nursery@bnaitikvah.org](mailto:nursery@bnaitikvah.org)

**We look forward to an exciting new school year!**

## POLICY ON THE RELEASE OF CHILDREN

Each child may be released only to the child's parent(s) or person(s) authorized by the parent(s) to take the child from the center and to assume responsibility for the child in an emergency if the parent(s) cannot be reached.

**If a non-custodial parent has been denied access, or granted limited access, to a child by a court order, the center shall secure documentation to that effect, maintain a copy on file, and comply with the terms of the court order.**

If the parent(s) or person(s) authorized by the parent(s) fails to pick up a child at the time of the center's daily closing, the center shall ensure that:

- 1) The child is supervised at all times;
- 2) Staff members attempt to contact the parent(s) or person(s) authorized by the parent(s); and
- 3) An hour or more after closing time, and provided that other arrangements for releasing the child to his/her parent(s) or person(s) authorized by the parent(s), have failed and the staff member(s) cannot continue to supervise the child at the center, the staff member shall call the 24-hour State Central Registry Hotline 1-877-NJ-ABUSE (1-877-652-2873) to seek assistance in caring for the child until the parent(s) or person(s) authorized by the child's parent(s) is able to pick-up the child.

If the parent(s) or person(s) authorized by the parent(s) appears to be physically and/or emotionally impaired to the extent that, in the judgment of the director and/or staff member, the child would be placed at risk of harm if released to such an individual, the center shall ensure that:

- 1) The child may not be released to such an impaired individual;
- 2) Staff members attempt to contact the child's other parent or an alternative person(s) authorized by the parent(s); and
- 3) If the center is unable to make alternative arrangements, a staff member shall call the 24-hour State Central Registry Hotline 1-877-NJ-ABUSE (1-877-652-2873) to seek assistance in caring for the child.

For school-age child care programs, no child shall be released from the program unsupervised except upon written instruction from the child's parent(s).



## Forms Check List

**Check List - The following three forms mandated by the State of New Jersey must be filled out, signed where applicable and returned:**

Universal Child Health Record

Immunization Form

Expulsion Policy Form

Parent Information Form (DCF)

Emergency Medical Release

### Additional Forms Needed

Transportation Form

Photo Authorization Form

Authorization to Administer OTC or Prescription Medication Form (if applicable)

Copy of Birth Certificate

Gym and Sports Permission Form

# UNIVERSAL CHILD HEALTH RECORD

Endorsed by: American Academy of Pediatrics, New Jersey Chapter  
New Jersey Academy of Family Physicians  
New Jersey Department of Health

| SECTION I - TO BE COMPLETED BY PARENT(S)   |                |   |  |   |                  |
|--|----------------|---|--|---|------------------|
| Child's Name (Last) _____ (First) _____  |                | Gender<br><input type="checkbox"/> Male <input type="checkbox"/> Female   |  | Date of Birth<br>/    /   |                  |
| Does Child Have Health Insurance?<br><input type="checkbox"/> Yes <input type="checkbox"/> No  |                | If Yes, Name of Child's Health Insurance Carrier _____  |  |   |                  |
| Parent/Guardian Name _____   |                | Home Telephone Number _____   |  | Work Telephone/Cell Phone Number _____  |                  |
| Parent/Guardian Name _____   |                | Home Telephone Number _____   |  | Work Telephone/Cell Phone Number _____  |                  |
| <b>I give my consent for my child's Health Care Provider and Child Care Provider/School Nurse to discuss the information on this form.</b>   |                |   |  |   |                  |
| Signature/Date _____   |                |   |  | This form may be released to WIC.<br><input type="checkbox"/> Yes <input type="checkbox"/> No |                  |
| SECTION II - TO BE COMPLETED BY HEALTH CARE PROVIDER   |                |   |  |   |                  |
| Date of Physical Examination: _____  |                |   | Results of physical examination normal? <input type="checkbox"/> Yes <input type="checkbox"/> No |   |                  |
| Abnormalities Noted: _____   |                |   | Weight (must be taken within 30 days for WIC)  |   |                  |
|  |                |   | Height (must be taken within 30 days for WIC)  |   |                  |
|  |                |   | Head Circumference (if <2 Years)   |   |                  |
|  |                |   | Blood Pressure (if >3 Years)   |   |                  |
| <b>IMMUNIZATIONS</b>   |                | <input type="checkbox"/> Immunization Record Attached<br><input type="checkbox"/> Date Next Immunization Due: _____ |  |   |                  |
| <b>MEDICAL CONDITIONS</b>  |                |   |  |   |                  |
| Chronic Medical Conditions/Related Surgeries<br>• List medical conditions/ongoing surgical concerns:   |                | <input type="checkbox"/> None<br><input type="checkbox"/> Special Care Plan Attached                                |  | Comments _____  |                  |
| Medications/Treatments<br>• List medications/treatments:   |                | <input type="checkbox"/> None<br><input type="checkbox"/> Special Care Plan Attached                                |  | Comments _____  |                  |
| Limitations to Physical Activity<br>• List limitations/special considerations:   |                | <input type="checkbox"/> None<br><input type="checkbox"/> Special Care Plan Attached                                |  | Comments _____  |                  |
| Special Equipment Needs<br>• List items necessary for daily activities   |                | <input type="checkbox"/> None<br><input type="checkbox"/> Special Care Plan Attached                                |  | Comments _____  |                  |
| Allergies/Sensitivities<br>• List allergies:   |                | <input type="checkbox"/> None<br><input type="checkbox"/> Special Care Plan Attached                                |  | Comments _____  |                  |
| Special Diet/Vitamin & Mineral Supplements<br>• List dietary specifications:   |                | <input type="checkbox"/> None<br><input type="checkbox"/> Special Care Plan Attached                                |  | Comments _____  |                  |
| Behavioral Issues/Mental Health Diagnosis<br>• List behavioral/mental health issues/concerns:  |                | <input type="checkbox"/> None<br><input type="checkbox"/> Special Care Plan Attached                                |  | Comments _____  |                  |
| Emergency Plans<br>• List emergency plan that might be needed and the sign/symptoms to watch for:  |                | <input type="checkbox"/> None<br><input type="checkbox"/> Special Care Plan Attached                                |  | Comments _____  |                  |
| <b>PREVENTIVE HEALTH SCREENINGS</b>  |                |   |  |   |                  |
| Type Screening   | Date Performed | Record Value  | Type Screening   | Date Performed  | Note If Abnormal |
| Hgb/Hct  |                |   | Hearing  |   |                  |
| Lead: <input type="checkbox"/> Capillary <input type="checkbox"/> Venous   |                |   | Vision   |   |                  |
| TB (mm of Induration)  |                |   | Dental   |   |                  |
| Other:   |                |   | Developmental  |   |                  |
| Other:   |                |   | Scoliosis  |   |                  |
| <input type="checkbox"/> I have examined the above student and reviewed his/her health history. It is my opinion that he/she is medically cleared to participate fully in all child care/school activities, including physical education and competitive contact sports, unless noted above. |                |   |  |   |                  |
| Name of Health Care Provider (Print) _____   |                |   | Health Care Provider Stamp: _____  |   |                  |
| Signature/Date _____   |                |   |  |   |                  |



## Instructions for Completing the Universal Child Health Record (CH-14)

### Section 1 - Parent

Please have the parent/guardian complete the top section and sign the consent for the child care provider/school nurse to discuss any information on this form with the health care provider.

The WIC box needs to be checked only if this form is being sent to the WIC office. WIC is a supplemental nutrition program for Women, Infants and Children that provides nutritious foods, nutrition counseling, health care referrals and breast feeding support to income eligible families. For more information about WIC in your area call 1-800-328-3838.

### Section 2 - Health Care Provider

1. Please enter the date of the physical exam that is being used to complete the form. Note significant abnormalities especially if the child needs treatment for that abnormality (e.g. creams for eczema; asthma medications for wheezing etc.)
    - **Weight** - Please note pounds vs. kilograms. If the form is being used for WIC, the weight must have been taken within the last 30 days.
    - **Height** - Please note inches vs. centimeters. If the form is being used for WIC, the height must have been taken within the last 30 days.
    - **Head Circumference** - Only enter if the child is less than 2 years.
    - **Blood Pressure** - Only enter if the child is 3 years or older.
  2. **Immunization** - A copy of an immunization record may be copied and attached. If you need a blank form on which to enter the immunization dates, you can request a supply of Personal Immunization Record (IMM-9) cards from the New Jersey Department of Health, Vaccine Preventable Diseases Program at 609-826-4860.
    - The Immunization record must be attached for the form to be valid.
    - "Date next immunization is due" is optional but helps child care providers to assure that children in their care are up-to-date with immunizations.
  3. **Medical Conditions** - Please list any ongoing medical conditions that might impact the child's health and well being in the child care or school setting.
    - a. Note any significant medical conditions or major surgical history. If the child has a **complex medical condition, a special care plan should be completed and attached for any of the medical issue blocks that follow**. A generic care plan (CH-15) can be downloaded at [www.nj.gov/health/forms/ch-15.dot](http://www.nj.gov/health/forms/ch-15.dot) or pdf. Hard copies of the CH-15 can be requested from the Division of Family Health Services at 609-292-5666.
    - b. **Medications** - List any ongoing medications. Include any medications given at home if they might impact the child's health while in child care (seizure, cardiac or asthma medications, etc.). Short-term medications such as antibiotics do not need to be listed on this form. Long-term antibiotics such as antibiotics for urinary tract infections or sickle cell prophylaxis should be included.

PRN Medications are medications given only as needed and should have guidelines as to specific factors that should trigger medication administration.
  4. **Screening** - This section is required for school, WIC, Head Start, child care settings, and some other programs. This section can provide valuable data for public health personnel to track children's health. Please enter the date that the test was performed. Note if the test was abnormal or place an "N" if it was normal.
    - For lead screening state if the blood sample was capillary or venous and the value of the test performed.
    - For PPD enter millimeters of induration, and the date listed should be the date read. If a chest x-ray was done, record results.
    - Scoliosis screenings are done biennially in the public schools beginning at age 10.

This form may be used for clearance for sports or physical education. As such, please check the box above the signature line and make any appropriate notations in the Limitation to Physical Activities block.
  5. Please sign and date the form with the date the form was completed (note the date of the exam, if different)
    - Print the health care provider's name.
    - Stamp with health care site's name, address and phone number.
- Please be specific about what over-the-counter (OTC) medications you recommend, and include information for the parent and child care provider as to dosage, route, frequency, and possible side effects. Many child care providers may require separate permissions slips for prescription and OTC medications.*
- c. **Limitations to physical activity** - Please be as specific as possible and include dates of limitation as appropriate. Any limitation to field trips should be noted. Note any special considerations such as avoiding sun exposure or exposure to allergens. Potential severe reaction to insect stings should be noted. Special considerations such as back-only sleeping for infants should be noted.
  - d. **Special Equipment** - Enter if the child wears glasses, orthodontic devices, orthotics, or other special equipment. Children with complex equipment needs should have a care plan.
  - e. **Allergies/Sensitivities** - Children with life-threatening allergies should have a special care plan. Severe allergic reactions to animals or foods (wheezing etc.) should be noted. Pediatric asthma action plans can be obtained from The Pediatric Asthma Coalition of New Jersey at [www.pacnj.org](http://www.pacnj.org) or by phone at 908-687-9340.
  - f. **Special Diets** - Any special diet and/or supplements that are medically indicated should be included. Exclusive breastfeeding should be noted.
  - g. **Behavioral/Mental Health Issues** - Please note any significant behavioral problems or mental health diagnoses such as autism, breath holding, or ADHD.
  - h. **Emergency Plans** - May require a special care plan if interventions are complex. Be specific about signs and symptoms to watch for. Use simple language and avoid the use of complex medical terms.

**New Jersey State Department of Health  
STANDARD SCHOOL / CHILD CARE CENTER IMMUNIZATION RECORD**

|                                 |                           |  |
|---------------------------------|---------------------------|--|
| NAME OF CHILD (Last, First, MI) | DATE OF BIRTH (Mo/Day/Yr) | SEX<br><input type="checkbox"/> F <input type="checkbox"/> M |
|---------------------------------|---------------------------|--|

|                                   |         |                        |
|-----------------------------------|---------|------------------------|
| <b>PARENT<br/>OR<br/>GUARDIAN</b> | NAME    | TELEPHONE NUMBER       |
|                                   | ADDRESS | NAME OF DOCTOR         |
|                                   | ADDRESS | DOCTOR'S TELEPHONE NO. |

| VACCINE TYPE  | DISEASE<br>DATE<br>MO/DAY/YR | 1ST<br>DOSE<br>MO/DAY/YR | 2ND<br>DOSE<br>MO/DAY/YR | 3RD<br>DOSE<br>MO/DAY/YR | 4TH<br>DOSE<br>MO/DAY/YR  | 5TH<br>DOSE<br>MO/DAY/YR | MO/DY  |
|---|------------------------------|--------------------------|--------------------------|--------------------------|---------------------------|--------------------------|--------|
| DIPHTHERIA, TETANUS, PERTUSSIS<br>(DTP) (If Td or DT*, indicate in corner box)  | ////                         |                          |                          |                          |                           |                          |        |
| POLIO-ORAL POLJO VACCINE (OPV) (If<br>Salk Vaccine, indicate IPV in corner box) | ////                         |                          |                          |                          |                           |                          |        |
| MEASLES, MUMPS, RUBELLA (MMR)   | ////                         |                          |                          |                          | ////                      | ////                     | //     |
| MEASLES   | ////                         |                          |                          |                          | or<br>Measles<br>Serology | DATE:                    | TITER: |
| RUBELLA   | ////                         |                          |                          |                          | or<br>Rubella<br>Serology | DATE:                    | TITER: |
| MUMPS   |                              |                          |                          |                          | or<br>Mumps<br>Serology   | DATE:                    | TITER: |
| OTHER, SPECIFY  |                              |                          |                          |                          |                           |                          |        |
| HAEMOPHILUS B (HIB) **  | ////                         |                          |                          |                          |                           |                          |        |

Provisional Admission Attached     
  Medical Exemption Attached     
  Religious Exemption Attached  
 Date Granted:

IMM-8      \*REQUIRES MEDICAL EXEMPTION      \*\*NOT REQUIRED  
 Revised 5/91

**(You may also attach the computer printout  
from your pediatrician's office.)**

10:122-6.8 Expulsion Policy

May be used to inform parents of the center's policy on the expulsion of children from enrollment

## **EXPULSION POLICY**

**NAME OF CENTER:** \_\_\_\_\_

**NAME OF CHILD:** \_\_\_\_\_

**SIGNATURE OF PARENT:** \_\_\_\_\_

Unfortunately, there are sometimes reasons we have to expel a child from our program either on a short term or permanent basis. We want you to know we will do everything possible to work with the family of the child(ren) in order to prevent this policy from being enforced. The following are reasons we may have to expel or suspend a child from this center:

### **IMMEDIATE CAUSES FOR EXPULSION**

- The child is at risk of causing serious injury to other children or himself/herself.
- Parent threatens physical or intimidating actions toward staff members.
- Parent exhibits verbal abuse to staff in front of enrolled children.

### **PARENTAL ACTIONS FOR CHILD'S EXPULSION**

- Failure to pay/habitual lateness in payments.
- Failure to complete required forms including the child's immunization records.
- Habitual tardiness when picking up your child.
- Verbal abuse to staff.
- Other (explain)

### **CHILD'S ACTIONS FOR EXPULSION**

- Failure of child to adjust after a reasonable amount of time.
- Uncontrollable tantrums/ angry outbursts.
- Ongoing physical or verbal abuse to staff or other children.
- Excessive biting.
- Other (explain)

### **SCHEDULE OF EXPULSION**

- If after the remedial actions above have not worked, the child's parent/guardian will be advised verbally and in writing about the child's or parent's behavior warranting an expulsion. An expulsion action is meant to be a period of time so that the parent/guardian may work on the child's behavior or to come to an agreement with the center.
- The parent/guardian will be informed regarding the length of the expulsion period.
- The parent/guardian will be informed about the expected behavioral changes required in order for the child or parent to return to the center.
- The parent/guardian will be given a specific expulsion date that allows the parent sufficient time to seek alternate child care (approximately one to two weeks notice depending on risk to other children's welfare or safety). Failure of the child/parent to satisfy the terms of the plan may result in permanent expulsion from the center.

**A CHILD WILL NOT BE EXPELLED**

If a child's parent(s):

- ◆ Made a complaint to the Office of Licensing regarding a center's alleged violations of the licensing requirements.
- ◆ Reported abuse or neglect occurring at the center.
- ◆ Questioned the center regarding policies and procedures.
- ◆ Without giving the parent sufficient time to make other child care arrangements.

**PROACTIVE ACTIONS THAT CAN BE TAKEN IN ORDER TO PREVENT EXPULSION**

- Staff will try to redirect child from negative behavior.
- Staff will reassess classroom environment, appropriate of activities, supervision.
- Staff will always use positive methods and language while disciplining children.
- Staff will praise appropriate behaviors.
- Staff will consistently apply consequences for rules.
- Child will be given verbal warnings.
- Child will be given time to regain control.
- Child's disruptive behavior will be documented and maintained in confidentiality.
- Parent/guardian will be notified verbally.
- Parent/guardian will be given written copies of the disruptive behaviors that might lead to expulsion.
- The director, classroom staff and parent/guardian will have a conference(s) to discuss how to promote positive behaviors.
- The parent will be given literature or other resources regarding methods of improving behavior.
- Recommendation of evaluation by professional consultation on premises.
- Recommendation of evaluation by local school district child study team.

10:122-6.8 Parent and community participation  
May be used instead of individual forms to obtain parent signatures for expulsion policy

**PARENT SIGNATURES FOR EXPULSION POLICY**

I have received a copy of the center's policy on the expulsion of children from enrollment.

| Name of Child | Parent's Signature | Date  |
|---------------|--------------------|-------|
| _____         | _____              | _____ |
| _____         | _____              | _____ |



Dear Parents,

In keeping with New Jersey's childcare center licensing requirements, we are obliged to provide you, as the parent(s) of a child enrolled at our school, with this informational statement. Please read this statement carefully, and if you have any questions, feel free to contact me at (732)297-0295.

The Statement highlights, among other things: your right to visit and observe our center at any time without having to secure prior permission; the center's obligation to be licensed and to comply with licensing standards; and the obligation of all citizens to report suspected child abuse/neglect/exploitation to be the State Central Registry Hotline (877)NJ ABUSE/(877)652-2873.

Please read this statement carefully and, if you have any questions, feel free to contact me at :  
732-297-0295 Xt. 22

Sincerely,

Phyllis G. Denenberg  
Early Childhood Director

Please complete and return this portion to the center.(please print)

Child's Name: \_\_\_\_\_ Class: \_\_\_\_\_

Parent's Names: \_\_\_\_\_

I have read and received a copy of the information to Parents statement prepared by the Office of Licensing, Child Care & Youth Residential Licensing, in the Department of Children and Families.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Congregation B'nai Tikvah*  
1001 Finnegan's Lane, North Brunswick, New Jersey 08902  
732-297-0295 Fax: 732-297-2673 e-mail: [nursery@bnaitikvah.org](mailto:nursery@bnaitikvah.org)

**Department of Children and Families  
Office of Licensing  
INFORMATION TO PARENTS**

Under provisions of the Manual of Requirements for Child Care Centers (N.J.A.C. 10:122), every licensed child care center in New Jersey must provide to parents of enrolled children written information on parent visitation rights, State licensing requirements, child abuse/neglect reporting requirements and other child care matters. The center must comply with this requirement by reproducing and distributing to parents this written statement, prepared by the Office of Licensing, Child Care & Youth Residential Licensing, in the Department of Children and Families (DCF). In keeping with this requirement, the center must secure every parent's signature attesting to his/her receipt of the information.

\* \* \* \* \*

Our center is required by the State Child Care Center Licensing law to be licensed by the Office of Licensing, Child Care & Youth Residential Licensing, in the Department of Children and Families (DCF). A copy of our current license must be posted in a prominent location at our center. Look for it when you're in the center.

To be licensed, our center must comply with the Manual of Requirements for Child Care Centers (the official licensing regulations). The regulations cover such areas as: physical environment/life-safety; staff qualifications, supervision, and staff/child ratios; program activities and equipment; health, food and nutrition; rest and sleep requirements; parent/community participation; administrative and record keeping requirements; and others.

Our center must have on the premises a copy of the Manual of Requirements for Child Care Centers and make it available to interested parents for review. If you would like to review our copy, just ask any staff member. Parents may secure a copy of the Manual of Requirements by sending a check or money order for \$5 made payable to the "Treasurer, State of New Jersey", and mailing it to: NJ Department of Children and Families, Office of Licensing, Publication Fees, PO Box 657, Trenton, NJ 08646-0657.

We encourage parents to discuss with us any questions or concerns about the policies and program of the center or the meaning, application or alleged violations of the Manual of Requirements for Child Care Centers. We will be happy to arrange a convenient opportunity for you to review and discuss these matters with us. If you suspect our center may be in violation of licensing requirements, you are entitled to report them to the Office of Licensing toll free at 1 (877) 667-9845. Of course, we would appreciate your bringing these concerns to our attention too.

Our center must have a policy concerning the release of children to parents or people authorized by parents to be responsible for the child. Please discuss with us your plans for your child's departure from the center.

Our center must have a policy about administering medicine and health care procedures and the management of communicable diseases. Please talk to us about these policies so we can work together to keep our children healthy.

Our center must have a policy concerning the expulsion of children from enrollment at the center. Please review this policy so we can work together to keep your child in our center.

Parents are entitled to review the center's copy of the Office of Licensing's Inspection/Violation Reports on the center, which are issued after every State licensing inspection of our center. If there is a licensing complaint investigation, you are also entitled to review the Office's Complaint Investigation Summary Report, as well as any letters of enforcement or other actions taken against the center during the current licensing period. Let us know if you wish to review them and we will make them available for your review.

Our center must cooperate with all DCF inspections/investigations. DCF staff may interview both staff members and children.

Our center must post its written statement of philosophy on child discipline in a prominent location and make a copy of it available to parents upon request. We encourage you to review it and to discuss with us any questions you may have about it.

Our center must post a listing or diagram of those rooms and areas approved by the Office for the children's use. Please talk to us if you have any questions about the center's space.

Our center must offer parents of enrolled children ample opportunity to assist the center in complying with licensing requirements; and to participate in and observe the activities of the center. Parents wishing to participate in the activities or operations of the center should discuss their interest with the center director, who can advise them of what opportunities are available.

Parents of enrolled children may visit our center at any time without having to secure prior approval from the director or any staff member. Please feel free to do so when you can. We welcome visits from our parents.

Our center must inform parents in advance of every field trip, outing, or special event away from the center, and must obtain prior written consent from parents before taking a child on each such trip.

Our center is required to provide reasonable accommodations for children and/or parents with disabilities and to comply with the New Jersey Law Against Discrimination (LAD), P.L. 1945, c. 169 (N.J.S.A. 10:5-1 et seq.), and the Americans with Disabilities Act (ADA), P.L. 101-336 (42 U.S.C. 12101 et seq.). Anyone who believes the center is not in compliance with these laws may contact the Division on Civil Rights in the New Jersey Department of Law and Public Safety for information about filing an LAD claim at (609) 292-4605 (TTY users may dial 711 to reach the New Jersey Relay Operator and ask for (609) 292-7701), or may contact the United States Department of Justice for information about filing an ADA claim at (800) 514-0301 (voice) or (800) 514-0383 (TTY).

Our center is required, at least annually, to review the Consumer Product Safety Commission (CPSC), unsafe children's products list, ensure that items on the list are not at the center, and make the list accessible to staff and parents and/or provide parents with the CPSC website at <http://www.cpsc.gov/cpsc/pub/prerel/prerel.html>. Internet access may be available at your local library. For more information call the CPSC at (800)638-2772.

Anyone who has reasonable cause to believe that an enrolled child has been or is being subjected to any form of hitting, corporal punishment, abusive language, ridicule, harsh, humiliating or frightening treatment, or any other kind of child abuse, neglect, or exploitation by any adult, whether working at the center or not, is required by State law to report the concern immediately to the State Central Registry Hotline, toll free at (877) NJ ABUSE/(877) 652-2873. Such reports may be made anonymously. Parents may secure information about child abuse and neglect by contacting: DCF, Office of Communications and Legislation at (609) 292-0422 or go to [www.nj.gov/dcf](http://www.nj.gov/dcf) and select Publications.



Phyllis G. Denenberg - Director

Dear Parents,

The New Jersey State Department of Education requires that an Emergency Medical Release Form be kept on file for every child enrolled in our school or camp. Please fill out the form below and return it along with your other forms before the first day of school.

### EMERGENCY MEDICAL RELEASE FORM

Child's name \_\_\_\_\_ Teacher's name: \_\_\_\_\_ Class: \_\_\_\_\_

Child's date of birth: \_\_\_\_\_ Address: \_\_\_\_\_

Home phone #: \_\_\_\_\_ Cell #'s: (Mother): \_\_\_\_\_ (Father) \_\_\_\_\_

Father's place of business: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Mother's place of business: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Allergies: \_\_\_\_\_

Doctor's name: \_\_\_\_\_

Doctor's address and phone #: \_\_\_\_\_

Hospital preference (when possible): \_\_\_\_\_

Name of person(s) to contact when parent/guardian cannot be reached:

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone#: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone#: \_\_\_\_\_

Our Doctors on Call are Drs. Cha and Phan at Brunswick Urgent Care, PA  
3185 Route 27, Franklin Park, NJ 08823

I give permission to the JCC of North and South Brunswick Nursery School to take appropriate action if for any reason my child needs emergency medical attention. If the above preference for Doctor and/or Hospital cannot be immediately met, I understand that it will be the decision of the school to take appropriate action with regard to my child.

Parent's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_

*Congregation B'nai Tikvah*  
1001 Finnegan's Lane, North Brunswick, New Jersey 08902  
732-297-0295 Fax: 732-297-2673 e-mail: [nursery@bnaitikvah.org](mailto:nursery@bnaitikvah.org)





**AUTHORIZATION FOR ADMINISTRATION OF PRESCRIPTION AND OVER THE COUNTER  
MEDICATION FORM**

***PLEASE KEEP THIS FORM AND USE WHEN NEEDED***

Child's name: \_\_\_\_\_ Age: \_\_\_\_\_ Class: \_\_\_\_\_

1) Please indicate name of medication/ medications needed: \_\_\_\_\_

2) Please indicate the diagnosis for which this medication is given: \_\_\_\_\_

3) Please indicate the directions needed for administering this medication: \_\_\_\_\_  
\_\_\_\_\_

4) Please indicate possible adverse reactions to this medication, if any: \_\_\_\_\_  
\_\_\_\_\_

5) Please indicate the dose needed/frequency to be administered: \_\_\_\_\_  
\_\_\_\_\_

6) Please indicate the date medication was prescribed: \_\_\_\_\_

7) Please indicate the date medication is to be completed: \_\_\_\_\_

Physicians signature: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Parent's signature: \_\_\_\_\_ Date: \_\_\_\_\_



Phyllis G. Denenberg - Director

## TRANSPORTATION AUTHORIZATION FORM To Pick Up and Transport My Child

It is now required that the school keep on file a written record of the individual or individuals that are authorized by you to pick up and transport your child from school.

My child has permission to go home in a car pool, other than his/her usual carpool, with a note from me. This usually happens as children socialize with others in his/her class. **YES** \_\_\_\_\_ **NO** \_\_\_\_\_

For your records, we suggest that you make a copy of the names of the people given this authorization. However, you must still continue to send us a note when your child goes home with anyone besides his/her usual carpool, notwithstanding the above authorization. In that note, always include the name and description of the individual, including the identification of the car, if the party is unknown to us and always include the date.

Child's Name \_\_\_\_\_ Teacher's Name \_\_\_\_\_ Class \_\_\_\_\_

### THE FOLLOWING PEOPLE ARE AUTHORIZED TO PICK UP MY CHILD

Parent's Names \_\_\_\_\_

**Other parents in my child's regular carpool:**

|                |                |
|----------------|----------------|
| Name: _____    | Name: _____    |
| Address: _____ | Address: _____ |
| Phone #: _____ | Phone #: _____ |
| Cell #: _____  | Cell #: _____  |

**Other family members authorized to pick up my child:**

|                |                |
|----------------|----------------|
| Name: _____    | Name: _____    |
| Address: _____ | Address: _____ |
| Phone #: _____ | Phone #: _____ |
| Cell #: _____  | Cell #: _____  |

**Friends or neighbors authorized to pick up my child:**

|                |                |
|----------------|----------------|
| Name: _____    | Name: _____    |
| Address: _____ | Address: _____ |
| Phone #: _____ | Phone #: _____ |
| Cell #: _____  | Cell #: _____  |

If you need to additional space, please continue on the back of this page.

If any of the above information changes, I will advise the nursery school in writing.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_



**PERMISSION TO USE PHOTOGRAPHS AND/OR VIDEO**

During the course of the school year, we often take pictures of the children engaged in various school activities. In addition, the school photographer takes candid shots. We use these photographs for display on our bulletin boards, walls, photo albums on our website, on our facebook page as well as newspaper and video publicity. When submitting an article and picture to the newspaper, we will not identify the child by name. We would like to have your permission to continue the above policy.

**PLEASE RETURN THIS FORM TO THE NURSERY SCHOOL/CAMP.**

.....

I give the JCC of North and South Brunswick Nursery School permission to use photographs of my child for display on their bulletin boards, walls, photo albums on our website, on our facebook page as well as newspaper and video publicity. I understand that my child's name will not be used.

Child's name: \_\_\_\_\_ Child's class: \_\_\_\_\_

Parent's signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Congregation B'nai Tikvah  
1001 Finnegan's Lane, North Brunswick, New Jersey 08902  
732-297-0295 Fax: 732-297-2673 e-mail: [nursery@bnaitikvah.org](mailto:nursery@bnaitikvah.org)*



**GYM AND SPORTS PROGRAMS PERMISSION SLIP**

During the course of school your child(ren) may be involved in various physical activity programs such as soccer and gym. While the safety of the children is our main concern, and precautions are always taken, there is the risk of injury. On the days we have these programs, sneakers are required, the appropriate clothing should be worn and jewelry should not be worn.

**PLEASE RETURN THIS FORM TO THE NURSERY SCHOOL**

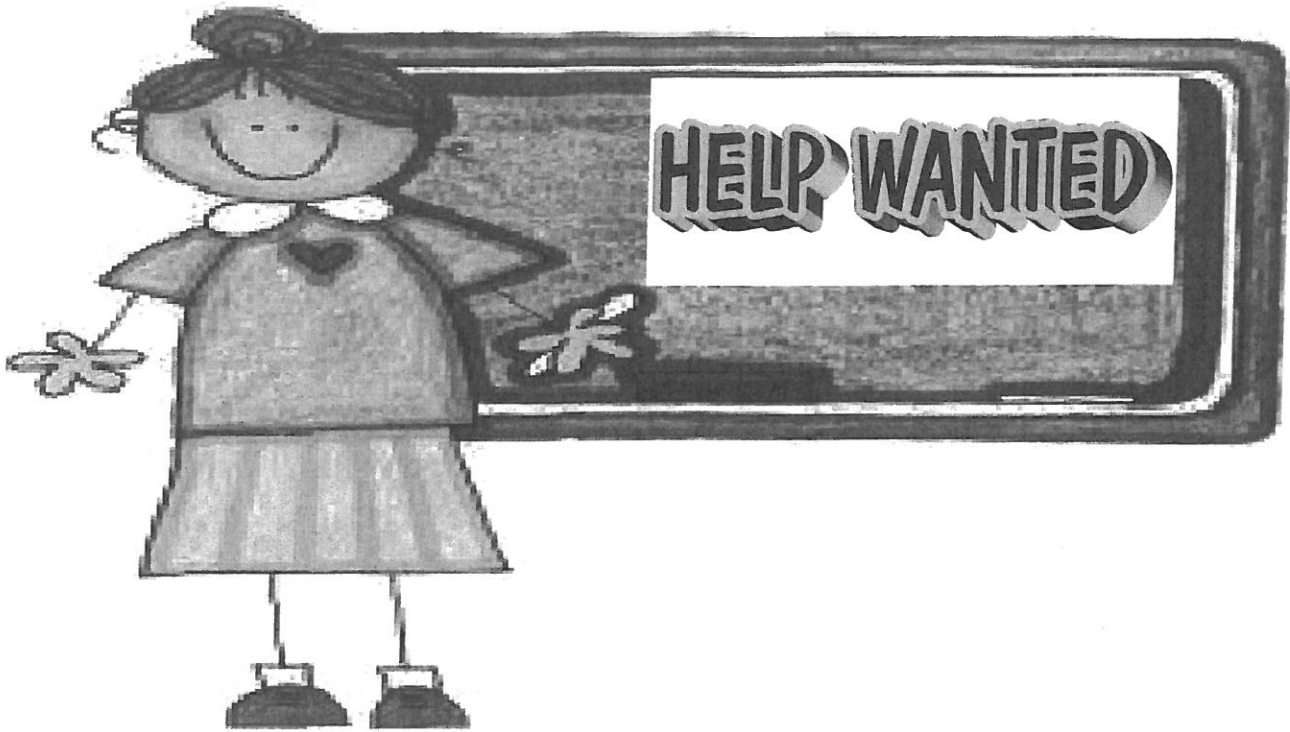
.....

By signing below you understand these activities may possibly involve the risk of injury and accept these risks for your child(ren).

Child's name: \_\_\_\_\_ Child's class: \_\_\_\_\_

Parent's signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Occasionally, we need parents to volunteer as substitute teachers. We would like to be able to call on you should that need arise. If you are available, please indicate that in the space below. If you do not wish to be called, please indicate that as well. Every effort will be made to make these requests in advance.

We thank you for your help.

Parent's Name: \_\_\_\_\_ Child's Class: \_\_\_\_\_

\_\_\_\_\_ YES, YOU MAY CALL ME TO SUBSTITUTE TEACH. MY HOME PHONE NUMBER IS \_\_\_\_\_ AND MY CELL PHONE NUMBER IS \_\_\_\_\_

\_\_\_\_\_ I AM ABLE TO SUBSTITUTE ON THE FOLLOWING DAYS ONLY:  
\_\_\_\_\_

\_\_\_\_\_ UNFORTUNATELY, I AM UNABLE TO SUBSTITUTE AT THIS TIME.



**I have read the 2014-2015 Parent Handbook and will follow all its rules and regulations.**

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**Please complete and return this portion to the center. (Please print)**

Name of Child: \_\_\_\_\_ Child's class: \_\_\_\_\_

Name of Parent(S): \_\_\_\_\_ Date: \_\_\_\_\_

I have read and received a copy of the information to parent's statement prepared by the office of Licensing, Child Care & Youth Residential Licensing, in the Department of Children and Families.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_